

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of Copies of CRF::

Title:: USE OF ALPHA-1 ANTITRYPSIN FOR THE  
PREPARATION OF MEDICAMENTS FOR THE  
TREATMENT OF FIBROMYALGIA

Attorney Docket Number:: 034284-003

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: NO

Latin Name:

Variety Denomination Name:

Petition Included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: NO

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: Spain

Status: Full Capacity

Given Name: Ignacio

Middle Name: Blanco

Family Name: Blanco

Name Suffix:

City of Residence: Oviedo

State or Province of Residence:

Country of Residence: Spain

Street of Mailing Address: c/ Comandante Caballero, 10 10 A

City of Mailing Address: Oviedo

State or Province of Mailing  
Address::

Country of Mailing Address:: Spain

Postal or Zip Code of Mailing  
Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::                      Continuity Type::                      Parent Application:: Parent Filing  
Date::

This application

### **Foreign Priority Information**

Country::                      Application Number::                      Filing Date::                      Priority  
Claimed::

Spain

200402282/5

09-24-2004

YES

### **Assignee Information**

Assignee Name:: PROBITAS PHARMA, S.A.

Street of Mailing Address:: Marina, 16-18, Torre Mapfre, Pl. 26

City of Mailing Address:: Barcelona

State or Province of Mailing  
Address::

Country of Mailing Address:: Spain

Postal or Zip Code of Mailing  
Address:: 08005